

CLOSING ITEM NO.: B-8

AFFIDAVIT OF MAILING
OF THIRTY-DAY SALES TAX REPORT (ST-60)

STATE OF NEW YORK)
) SS.:
COUNTY OF ALBANY)

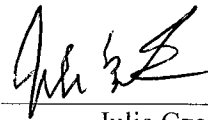
The undersigned, being duly sworn, hereby states:

That on January 12, 2024, I mailed a Thirty-Day Sales Tax Report (ST-60) executed by the County of Otsego Industrial Development Agency (the "Agency"), said ST-60 reflecting the appointment of Skyline Hospitality LLC (the "Company"), as agent of the Agency with respect to the Skyline Hospitality LLC Project. to the following:

7022 1670 0003 3489 2853 ✓

NYS Tax Department
IDA Unit
Building 8, Room 738
W.A. Harriman Campus
Albany, New York 12227

In witness thereof, I have hereunto set my hand this 12th day of January, 2024.



Julie Czerpak

Nadene E. Zeigler
Partner
nzeigler@hodgsonruss.com



January 12, 2023

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

NYS Tax Department
IDA Unit
Building 8, Room 738
W.A. Harriman Campus
Albany, New York 12227

Re: County of Otsego Industrial Development Agency
Lease/Leaseback Transaction
Skyline Hospitality LLC Project

Gentlemen:

Enclosed herewith please find an executed Tax Form ST-60 - IDA Appointment of Project Operator or Agent for Sales Tax Purposes regarding the above-captioned transaction.

If you have any questions or comments regarding the foregoing, please do not hesitate to contact me.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Nadene E. Zeigler".

Nadene E. Zeigler

NEZ/mk
Enclosure

cc: Jody Zakrevsky, CEO (via e-mail; w/enclosure)
Meaghan Marino, Director of Finance and Administration (via e-mail; w/enclosure)
Kurt D. Schulte, Esq. (via e-mail; w/enclosure)
Melody Westfall, Esq. (via e-mail; w/enclosure)



Department of Taxation and Finance

IDA Appointment of Project Operator or Agent For Sales Tax Purposes

ST-60

(1/18)

The industrial development agency or authority (IDA) **must** submit this form within **30 days** of the appointment of a project operator or agent, whether appointed directly by the IDA or indirectly by the operator or another agent.

For IDA use only

IDA information

Name of IDA COUNTY OF OTSEGO INDUSTRIAL DEVELOPMENT AGENCY			IDA project number (use OSC numbering system for projects after 1998) 3601-23- 03	
Street address 189 MAIN STREET, SUITE 500			Telephone number (607) 267-4010	
City ONEONTA	State NY	ZIP code 13820	Email address (optional)	

Project operator or agent information

Name of IDA project operator or agent SKYLINE HOSPITALITY LLC		Mark an X in the box if directly appointed by the IDA: <input checked="" type="checkbox"/>	Employer identification or Social Security number 82-1574414	
Street address 5206 STATE HIGHWAY 23		Telephone number (408) 799-3946	Primary operator or agent? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
City ONEONTA	State NY	ZIP code 13820	Email address (optional)	

Project information

Name of project SKYLINE HOSPITALITY LLC			
Street address of project site 4882 STATE HIGHWAY 28			
City HARTWICK	State NY	ZIP code 13326	Email address (optional)
Purpose of project hotel facility			

Description of goods and services intended to be exempted from New York State and local sales and use taxes Equipment, machinery, building improvements, site improvements and related costs to the Project			
Date project operator or agent appointed (m/d/yyyy) 12/ 29/2023	Date project operator or agent status ends (m/d/yyyy) 06/30/2025	Mark an X in the box if this is an extension to an original project: <input type="checkbox"/>	
Estimated value of goods and services that will be exempt from New York State and local sales and use tax: \$ 8,125,000.00		Estimated value of New York State and local sales and use tax exemption provided: \$ 650,000.00	

Certification: I certify that the above statements are true, complete, and correct, and that no material information has been omitted. I make these statements with the knowledge that willfully providing false or fraudulent information with this document may constitute a felony or other crime under New York State Law, punishable by a substantial fine and possible jail sentence. I also understand that the Tax Department is authorized to investigate the validity of any information entered on this document.

Print name of officer or employee signing on behalf of the IDA David P. Raabe		Print title (VICE) CHAIRMAN	
Signature David P. Raabe	Date 12/29/2023	Telephone number (607) 267-4010	

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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For delivery information, visit our website at www.usps.com®.

OFFICIAL USE

Certified Mail Fee \$ 4.35
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 Adult Signature Restricted Delivery \$ _____

Postage \$ 0.43

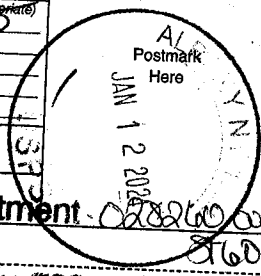
Total Postage and Fees \$ 4.78

Sent To NYS Tax Department - 028260-0037

Street and Apt. No. IDA Unit

City, State, Zip Building 8, Room 738

W.A. Harriman Campus



7022 1670 0003 3489 2653

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JAN 19 2024

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• Sender: Please print your name, address, and ZIP+4® in this box•

Hodgson Russ LLP
677 Broadway, Suite 401
Albany, NY 12207

028260-0037-8T60-TAB

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**NYS Tax Department
IDA Unit
Building 8, Room 738
W.A. Harriman Campus
Albany, NY 12227**



9590 9402 8394 3156 9940 32

2. Article Number (Transfer from service label)

4022 1676 0003 3489 2853

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- Agent
- Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

REC'D NY TAX DEPT.
ALBANY, NY 12227

JAN 13 2020

3. Service Type

- Adult Signature
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- Signature Confirmation™
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Domestic Return Receipt